

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/512145

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2	/		/				51						
3		/		/			52						
4		2		2			53						
5		1		1			54						
6		1		1			55						
7		2		2			56						
8		1		1			57						
9	/		/				58						
10		/		/			59						
11		/		/			60						
12		1		1			61						
13		1		1			62						
14	/		/				63						
15		/		/			64						
16		/		/			65						
17		1		1			66						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.						
TOTAL CLAIMS							TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS